Name in Full

Certificate of Death

Amelia Beans

Died at ~~County Residence~~ La Plata County Charles MARYLAND

Month Day Y. M. D. Native of MD Occupation

Date 189 Oct. 25 Age Servant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of Wife

Father's Name John Beans

Mother's Name Amelia Beans

Cause of Death: Primary — Typhoid Fever | How long sick — about 15 days

Immediate — Cardiac failure ~~Accident, Suicide, Homicide~~

Reported by Wm. N. Sanders M.D.

Address La Plata Charles Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full: Thomas Croft

Certificate of Death

Died at: Town: Near McConchie County: Charles MARYLAND

Date 1898 Month: Oct Day: 25 Age Y. M. D.: Past 70 Native of: England Occupation: Farmer

Male: yes White: yes Married Widow Divorced

Female Colored Single Widower: yes Number of children living: Do'sit know

Husband of Wife

Father's Name: Do'nt know Mother's Name: Dont know

Cause of Death: Primary: Only saw him a few minutes before death How long sick

Immediate: Heart failure 1556 Accident, Suicide, Homicide

Reported by: Jno. T. Diggs M D

Address: Port Tobacco Chas Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: I. Houston Estep

Certificate of Death

Died at: Town: Hughesville County: Charles MARYLAND

Date 1898 Month: Oct Day: 26 Age Y. 16 M. – D. – Native of: Md Occupation: Student

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~

~~Wife~~

Father's Name: James Estep

Mother's Name: Blanche Carrico

Cause of Death: Primary: Tuberculosis of lungs — How long sick: 3 mos

Immediate: Repeated hemorrhage — ~~Accident, Suicide, Homicide~~

Reported by: Louis C. Cimidon, D.

Address: Hughesville Charles

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full — Certificate of Death

Cornelius Forrest

Died at Town: Pomfret — County: Charles — MARYLAND

Date 1898 Month: Oct. Day: 8 — Age Y. 3 M. D. — Native of Md. — Occupation —

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ ~~Single~~ — Widow ~~Widower~~ — ~~Divorced~~ — Number of children living

~~Husband~~ of Wife

Father's Name James Forrest — Mother's Name Mary Forrest

Cause of Death: Primary Diptheria 8 D — How long sick 3 weeks

Immediate — Accident, Suicide, Homicide

Reported by J. W. Mitchell M. D.

Address Pomfret Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full

# Certificate of Death

James A. Goldsmith

Died at Town: Hyattsville County: Charles MARYLAND

Date 1897 Month: Oct. Day: 6 | Age Y. 67 M. — D. — | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~

Husband ~~Wife~~ of Druzilla Goldsmith | Number of children living 7

Father's Name Xar. Goldsmit | Mother's Name —

Cause of Death: Primary Tuberculosis Lungs | How long sick 12 mos.

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by Louis C. Smith M.D.

Address Hyattsville Md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: John Green

Certificate of Death

Town: Pomonkey County: Charles

Died at Pomonkey, Charles, MARYLAND

Date 1898 Month: Oct. Day: 21 | Age Y. 45 M. D. | Native of Charles Co Occupation: Farmer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living: One

Husband ~~Wife~~ of Sallie Green 33

Father's Name: John Green

Mother's Name: Do not know

~~Consumption~~ ~~Primary~~ Malarial Fever

Death: Immediate Congestion of Brain

How long sick

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by R. K. Compton M. D.

Address Pomonkey Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6E103

Name in Full

Certificate of Death

Miss Mary Linton

Died at Near Town Grayton County Chas. MARYLAND

Date 1898 Month Oct Day 16 Age Y. 60 M. D. Native of Pa. Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number ~~of children living~~

Husband of Wife

Father's Name Linton

Mother's Name 33

Cause of Death: Primary Pernicious fever Congestion Brain — How long sick 5 days

Immediate

~~Accident, Suicide,~~ Homicide

Reported by S H Speaker M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969

Name in Full

Certificate of Death

Grace Messick

Died at Town Benedict County Charles MARYLAND

Date 1898 Month Oct Day 15 | Age Y. 13 M. D. | Native of Md | Occupation —

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Ben Messick

Mother's Name —

Cause of Death: Primary Typhoid Fever

Immediate Intestinal hemorrhage

How long sick 30 days

~~Accident, Suicide, Homicide~~

Reported by Harry C. Chappelear MD

Address Hughesville Chas Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

# James A. Murray

Certificate of Death

Died at Town: Bryantown County: Charles MARYLAND

Date 189 Month: Oct. Day: 4 | Age Y.: 55 M.: — D.: — | Native of: Md. | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 9

Husband ~~Wife~~ of Julia M. Murray

Father's Name —

Mother's Name —

Cause of Death: Primary — Bright's Disease — How long sick 12 mos

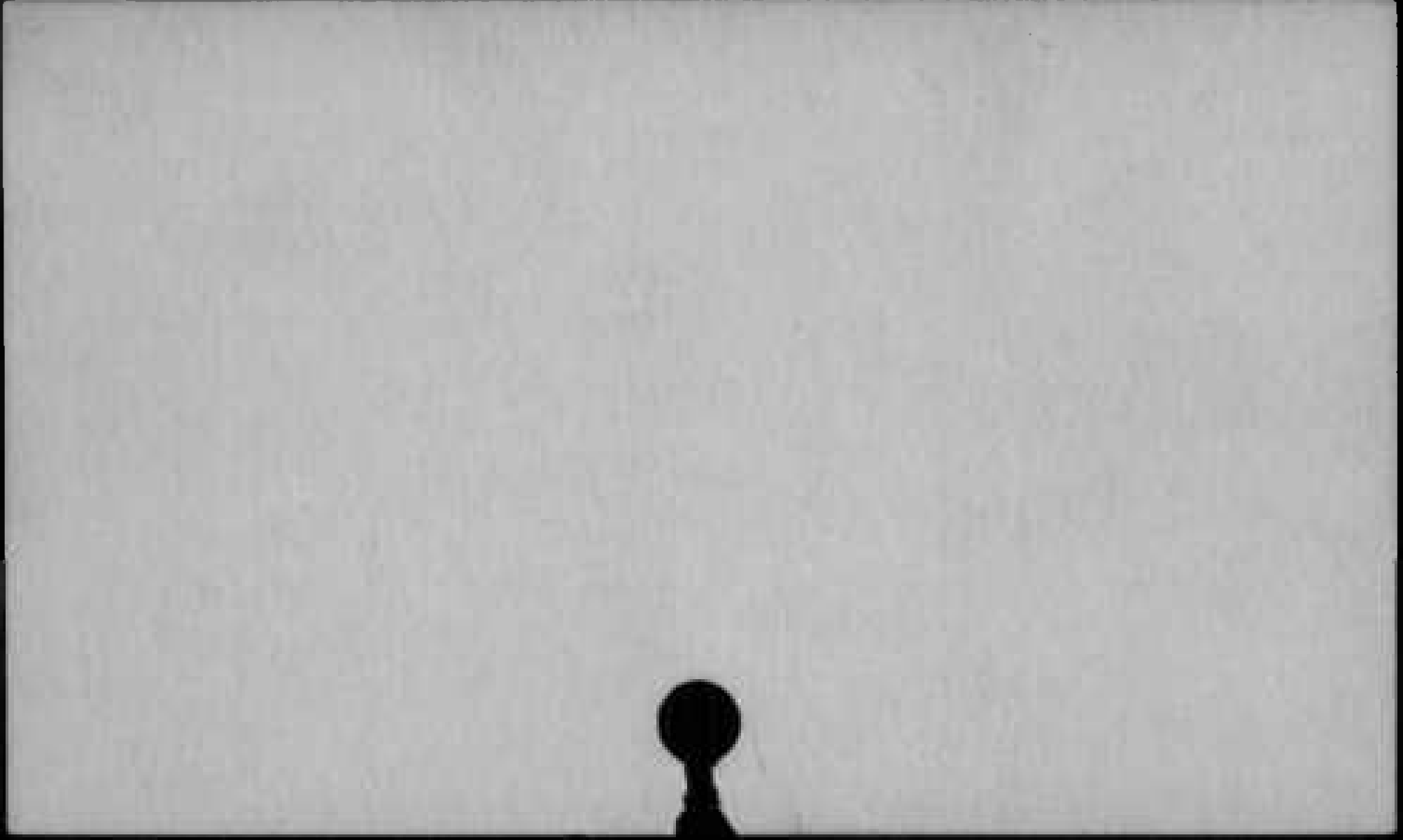
Immediate — Uraemia Coma — Accident, ~~Suicide, Homicide~~

Reported by Louis C. Corbin M.D.

Address Hughesville, Charles Co.

Must be signed by physician, if any in attendance, otherwise ~~coroner~~, undertaker or minister.

LIBRARY BUREAU 65968



Name in Full

Miss Hattie Perry

Certificate of Death

Died at Town Nanjemoy County Chas. MARYLAND

Date 1891 Month Oct Day 20 Age Y. 25 M. D. Native of Md. Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower Number of children living

~~Husband~~ of ~~Wife~~

Father's Name W S Perry

Mother's Name Sallie Dunning Perry

Cause of Death: Primary Typhoid fever — How long sick 3 weeks

Immediate Intestinal Hemorrhage — ~~Accident, Suicide, Homicide~~

Reported by S H Speake MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Clotill Swann

Died at Town Pomfret County Chas MARYLAND

Date 189 8 Month Oct Day Age Y. 7 M. 3 D. Native of Md Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Jno Swann

~~Mother's~~ Name Mary Swann

Cause of Death: Primary Diphtheria 8 a

Immediate

How long sick 7 days

Accident, Suicide, Homicide

Reported by J. W. Mitchell M. D.

Address Pomfret Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]